CENTRAL FREE DISPENSARY

at

Rush Medical College

FIVE YEARS' REPORT
1920-1921-1922-1923-1924

Endorsed by the Chicago Association of Commerce Subscription Investigating Committee for the regular period ending November 30, ~~1925~~ 1924.

1744 WEST HARRISON STREET
CHICAGO

WX
345
C5P9
A6

The Central Free Dispensary of West Chicago

Organized May 4, 1867 *Incorporated April 11, 1873*

OFFICERS AND BOARD OF DIRECTORS

(January, 1925)

Officers

George E. Shambaugh, M.D. ..... President
Oliver S. Ormsby, M.D. ..... First Vice-President
Harry E. Smoot ..... Second Vice-President
James H. Harper ..... Secretary
Henry W. Austin ..... Treasurer

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Term expires January, 1926

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Frank Billings, M.D.
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Charles S. Reed
Frederick W. Upham
Walter G. Zoller

Term expires January, 1927

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Jacob M. Loeb
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Wilber E. Post, M.D.
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Term expires January, 1928

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Gertrude Howe Britton
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Charles S. Reed — Harry E. Smoot

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William H. Wilder, M.D., Chairman
James H. Harper — Asa Bacon

Superintendent and Director of Social Service

Gertrude Howe Britton

Associate Director of Social Service

Valeria McDermott

The Staff

A MATTER which should always be borne in mind by the community which the Dispensary serves, by the Board of Directors who define its policies, by the generous friends who aid in its maintenance and by the various social agencies with which it co-operates, is that with few exceptions the service rendered by its staff of physicians is rendered gratuitously. And after all it is this service which the physician renders that constitutes the real work of the institution. Everything else that goes to make up the dispensary has value only as it aids in making more efficient the work of its staff. In behalf of the community which founded it and which maintains it today, the Central Free Dispensary wishes to express to its staff of physicians and surgeons its hearty appreciation of the years of faithful service they have rendered to the institution and its beneficiaries.

STAFF

General Medicine

Dr. James B. Herrick
Dr. Donald P. Abbott
Dr. Bird McPherson Linnell
Dr. John Ritter
Dr. L. C. Gatewood
Dr. F. O. Fredrickson
Dr. Marie G. Ortmeyer
Dr. Francis L. Foran
Dr. R. W. Trimmer
Dr. H. J. Issacs
Dr. E. G. Vrtiack
Dr. K. Schulhoff
Dr. Frank B. Kelley
Dr. Howard M. Sheaff
Dr. E. J. Stieglitz
Dr. Marian O. Cole
Dr. Margaret H. Austin
Dr. H. L. Huber
Dr. S. Maurer
Dr. Jas. L. Williams
Dr. Garland W. Ellis
Dr. Benjamin P. Graber
Dr. Jos. E. Allegretti
Dr. Thomas G. Walsh

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Dr. Arthur Dean Bevan
Dr. Dallas B. Phemister
Dr. A. H. Montgomery
Dr. Gatewood
Dr. Edward Miller
Dr. Jay Ireland
Dr. Francis Straus
Dr. George H. Jackson
Dr. Willis J. Potts

Neurology

Dr. Thor Rothstein
Dr. Peter Basso
Dr. James Gill
Dr. Josephine Young
Dr. John Favill
Dr. Harry G. Hardt
Dr. Harry R. Hoffman
Dr. Loren W. Avery
Dr. Mary G. Schroeder

Gynecology and Obstetrics

Dr. Noble S. Heaney
Dr. William F. Hewitt
Dr. F. W. Rohr
Dr. Aarone E. Kanter
Dr. Kathleen R. Harrington
Dr. George F. Hibbert
Dr. Leon W. Martin
Dr. Edward D. Allen
Dr. Garritt Cotts

Cardiac

Dr. R. S. Slaymaker
Dr. L. D. Snorf

STAFF—*Continued*

CARDIAC—*Continued*

Dr. F. W. Burcky
Dr. Stephen P. Anthony
Dr. C. K. Stulik
Dr. Sidney Alexander Portis
Dr. James Lyle Williams
Dr. John J. Hesser
Dr. E. A. Vorisek
Dr. Faris F. Chesley
Dr. Ross Van Pelt

DIABETIC

Dr. Rollin T. Woodyatt
Dr. Eugene F. Traut

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Dr. Clifford G. Grulee
Dr. Frank W. Allin
Dr. Arthur H. Parmelee
Dr. Oscar E. Chase
Dr. Cecil T. Heidell
Dr. James A. Gardener
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Dr. George F. Sutherland
Dr. Proctor C. Waldo
Dr. Ralph T. VanTuyl
Dr. Alice McNeal
Dr. W. L. Buhrman
Dr. Beatrice R. Lovitt

NUTRITION

Dr. F. W. Allin (School)
Dr. C. P. Heidell (Pre-School)

INFANT FEEDING

Dr. C. E. Chase
Dr. P. C. Waldo

PHYSIO THERAPHY

Dr. J. S. Coulter

DENTAL

Dr. Fredrick B. Moorhead
Dr. Louis Schultz
Dr. Joseph E. Shaeffer

DERMATOLOGY

Dr. Oliver S. Ormsby
Dr. Ernest L. McEwen
Dr. John F. Waugh
Dr. Michael Higgins Ebert
Dr. Dean L. Rider
Dr. George F. Sutherland

EYE

Dr. William H. Wilder
Dr. Thomas D. Allen
Dr. Earl B. Fowler
Dr. Herman P. Davidson
Dr. James P. Fitzgerald
Dr. Vernon M. Leach
Dr. Aristoph Spare
Dr. Alford L. Van Dellan

THROAT, NOSE AND EAR

Dr. George E. Shambaugh
Dr. George A. Torrison
Dr. Elmer L. Kenyon
Dr. Thomas Lewis
Dr. Daniel Hayden
Dr. Henry H. Everett
Dr. Arthur C. Strong
Dr. Linn Frederick McBride
Dr. Alice Kassie Hall
Dr. Elmer William Hagens
Dr. Jacob William Holderman
Dr. Mary A. Lyon (Anaesthetist)

GENITO-URINARY

Dr. Robert H. Herbst
Dr. Herman L. Kretchmer
Dr. Hugh J. Polkey
Dr. Thomas Cottrell
Dr. Melbourne Clements
Dr. Roy H. Cox
Dr. Raul De La Garza
Dr. Edward Buchman

SPEECH

Dr. Elmer L. Kenyon

MASSAGE

Dr. Charles O. Carlstrom

STAFF—*Continued*

INDUSTRIAL MEDICINE

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Dr. Will F. Lyon
Dr. A. J. Peterson
Dr. Bertrand O. Woods.

Genito-Urinary

Dr. Melbourne Clements
Dr. R. H. Cox

Gynecology

Dr. A. E. Kanter

Neurology

Dr. Loren W. Avery

Surgery

Dr. Francis Straus

Nutrition

Dr. H. N. Sanford

Dental

Dr. V. Nylander

Throat, Nose and Ear

Dr. H. M. Blackburn

Dermatology

Dr. Edward A. Oliver
Dr. E. F. Foley
Dr. E. L. Baker

THE Central Free Dispensary is maintained for the purpose of providing medical and surgical service for people who are financially unable to pay for such service. Its doors are open to all, irrespective of race or creed. Need for the kind of service it can render and inability to meet that need are the only conditions of admission to its clinics.

HOURS OF ADMISSION TO CLINICS

Morning

	Receiving Hours
General Medicine (daily by appointment)	8:00 to 9:00
Kidney Diseases (Tues., Wed., Fri. and Sat.) (by appointment)	8:00 to 9:00
Stomach and Intestinal (daily by appointment)	8:00 to 9:00
Asthma (Tues. and Fri.) (by appointment)	8:00 to 9:30
Diabetes (Thurs.)	8:30 to 9:30
Heart Diseases (daily)	8:30 to 9:30
Nervous Diseases (daily on appointment)	8:30 to 11:00
Surgery (daily)	10:30 to 12:00
Diseases of women (including gonorrhea) (daily)	10:30 to 12:00
Pre-Natal (Mon., Tues., Fri. and Sat.)	10:30 to 12:00
Children's Diseases (under 12 years) (daily)	8:30 to 9:30
Infant Feeding (Wed. and Sat.)	8:30 to 9:30
Nutrition (Wed., ages 2 to 6; Sat., 6 to 14)	8:30 to 9:30
Orthogenic (Tues. and Fri. by appointment)	
Physio-Therapy (Tues. and Fri.)	9:00 to 11:00
Dentistry (daily)	9:30 to 11:00

Afternoon

Massage (Wed. and Sat.)	1:00 to 3:00
Throat, Nose and Ear (daily)	1:00 to 3:00
Eye (daily)	1:30 to 3:00
Skin Diseases (daily)	1:30 to 3:00
Syphilis (Men—Mon., Wed. and Fri.) (Women—Tues. and Thur.)	1:00 to 3:00
Syphilis (Children—Tues. and Sat.)	1:00 to 3:00
Defects of Speech (new patients by appointment Tues. and Fri.)	1:30 to 3:00
Genito-Urinary Diseases (daily)	3:00 to 4:00

Evening

Industrial Clinics for Working People, Tues. and Fri.

General Medicine	6:30 to 8:00
Heart Diseases	6:30 to 8:00
Nervous Diseases	6:30 to 8:00
Surgery	6:30 to 8:00
Diseases of Women (including gonorrhea)	6:30 to 8:00
Nutrition—Ages 14 to 16 (Tues. evening)	6:30 to 8:00
Dentistry	6:30 to 8:00
Throat, Nose and Ear	6:30 to 8:00
Syphilis	6:30 to 8:00
Skin Diseases	6:30 to 8:00
Genito-Urinary Diseases	6:30 to 8:00

Historical Sketch

FIFTY-SEVEN years ago a group of public-spirited citizens of Chicago founded the Central Free Dispensary. Their purpose was to establish an institution in which poor people who were ill might receive adequate medical attention. The need for this form of service for the less fortunate members of the community was greatly accentuated by the Chicago fire and the conditions incident thereto. At the time of this disaster, the increased need for medical relief led the Chicago Relief Society to organize another dispensary on the West Side. This institution, known as the Herrick Free Dispensary, united with the Central Free Dispensary in 1873, at which time the "Central Free Dispensary of West Chicago" was incorporated under the laws of the State of Illinois.

Two years after its incorporation, the Central Free Dispensary entered into an agreement with the trustees of Rush Medical College, according to the terms of which agreement the Dispensary receives the income from a fund left by the late John Phillips in 1869 to Rush Medical College to be held in trust for dispensary purposes and is provided with rooms in the buildings of Rush Medical College, for which it pays a nominal rental. The Dispensary agreed that its medical facilities were to be made available for medical education by Rush Medical College. This arrangement has worked greatly to the interest of the patients of the Dispensary, especially in the fact that the staff of the Dispensary is composed of members of the faculty of the College.

The affiliation of the Central Free Dispensary with Rush Medical College and its removal to its present location brought it into intimate co-operative relationship with Presbyterian Hospital. This has been of greatest value in the development of our service. Many patients coming to Central Free Dispensary are found to need hospital care. Our relationship to Presbyterian Hospital and our proximity to Cook County Hospital make the arrangement of hospital care for our patients a comparatively simple matter.

For many years the administration of the affairs of the Dispensary was in the hands of a committee of the Board of Directors, known as the Committee on Dispensary Work. Supervision of the details of administration was given by Dr. John M. Dodson, Dean of Rush Medical College,

and Mr. James H. Harper, Registrar of the College. In 1914 the Board of Directors decided that the problems of the institution, especially its further development relative to the needs of the community, called for the employment of a superintendent.

John E. Ranson was the first superintendent and served from January, 1915, to September, 1919. Following Mr. Ranson, Bertha B. Bennett was superintendent from October, 1919, to December, 1920; Homer Sanger from January, 1921, to October, 1921, and Gertrude Howe Britton October, 1921, to March 1, 1925.

In April, 1903, when the School of Nursing was started in connection with the Presbyterian Hospital, a nurse was put in charge of the nursing service of the Central Free Dispensary. This nurse was appointed by Miss McMillan.

Our first head nurse was Miss Lottie Darling, a graduate of Lakeside Hospital in Cleveland.

Ever since 1903 the Nursing School has given to the Dispensary the services of four or five student nurses. The Head Nurse has always been appointed by Miss McMillan, subject to the approval of the superintendent, an arrangement which has been entirely satisfactory. Until the Sprague Home became crowded beyond capacity the Head Nurse of the Dispensary was given residence in the Nurses' Home and, while that is no longer possible, the Nursing School still assumes part of her expenses by taking care of her board and laundry. There is no branch of the service which has done more to bring up the general standard of care which the patients receive than the service of our nursing staff.

Our Contributors

PREVIOUS to 1915 the funds available for the support of the Central Free Dispensary came chiefly from two sources: the patients and the income from a small endowment. Rush Medical College was frequently called upon for material assistance. The institution had an income of approximately $8,000 per year for operating expenses. To make the services of the Dispensary measure up more adequately to the needs of the community called for the development of administrative and social service departments and for improvements and developments in other departments of the institution. These developments have called for the expenditure of much more money than was available formerly, though the Dispensary is today maintained on a very modest budget, considering the volume and scope of its work. The funds available for the support of our work have increased from approximately $8,000 in 1914 to over $87,000 in 1924. The improvements in the service of the Central Free Dispensary during the last four or five years have been made possible in part by the generosity of our contributors. The number of regular contributors has increased to 305 and while it was formerly customary to publish this list, the publication is now omitted because of request for its omission by many of our contributors.

President's Statement

AN out-patient department, to attain the highest possible efficiency, requires an affiliation with a medical teaching institution on the one hand and proper hospital relations on the other. The primary object of the out-patient clinic is to secure the best possible service for the patient. The more thoroughly the work is organized for teaching purposes the more efficient becomes the treatment afforded the patient. A connection with a teaching institution becomes essential in order that the out-patient department may be manned and its work supervised by the best type of medical practitioners. The care and thoroughness with which the ailments of the patient are studied is always enhanced where the teaching function is emphasized. Where the proper respect for the sensibilities of the patient is observed it is found that patients themselves offer no opposition to appearing before students.

All problems in connection with the Dispensary work must be measured primarily by the standard of whether the proposition aims for a better care of the patients. Plans for graduate instruction should conform to this regulation. As a matter of fact, a suitable corps of graduate students serving as clinical assistants is essential in each department to assure that the best care is provided for the patients exactly as in hospital work a corp of interns is required. In both institutions there is always a great deal of routine work in history taking, examinations, etc., for which interns in the hospital and clinical assistants in the dispensary are indispensable. Incidentally, the work of these graduate students when properly supervised and directed constitutes the ideal training for men seeking graduate clinical work.

The Central Free Dispensary is fortunate in its affiliation with one of the foremost medical colleges in the West and fortunate in its affiliation with one of the best managed general hospitals in Chicago. Both hospital and Dispensary are absolutely dependent upon their affiliation with Rush College for their essential success, for without this affiliation neither the Dispensary nor the hospital could be the institution each has developed to be. An important step in the proper solution of the relations between the hospital and the Dispensary has been accomplished by apportioning a definite number of beds for each department, but after all, this is only a beginning.

Proper hospital relations with the Dispensary mean something more vital than this. It means an arrangement whereby the men working in the Dispensary will have full opportunity of following the care of patients after they enter the hospital.

In order that the work of the Central Free Dispensary may attain its highest degree of efficiency we should aim to provide equipment in every respect as near the ideal equipment as it is possible to acquire. We should aim to provide each department with a suitable corps of graduate students serving as clinical assistants and we should perfect proper relations with the hospital.

Activities During the Past Five Years

DISPENSARY DEVELOPMENT

THE general trend of development of a dispensary as a whole is indicated in a way by the organization and development of its General Medical Department. General Medicine at the Central Free Dispensary is becoming more and more of a clearing house for the specialties. Attendance has been limited by admitting patients only during a half-hour period in the morning and by limiting the number of new patients seen each clinic period to twelve. During the past few months new admissions have been scheduled in advance so that each patient may be assured of receiving a complete examination on his first visit.

New sub-departments of medicine have been opened, including such specialties as Renal, Gastro-Intestinal, Asthma, Pre-Natal and Metabolism. The Nutrition Clinic includes classes for working children, for school children and for the mothers of under-nourished children of pre-school age. A nurse and dietitian from the Infant Welfare Society are in charge of the infant feeding and pre-school nutrition class and clinics.

In April, 1922, a dental clinic was opened through the generosity of a member of the Dispensary Board. It was intended at first to be a diagnostic clinic, but as the need arose it has included in its service extractions and phophylaxis. The clinic meets every morning for two hours.

To the Industrial Clinic, which meets twice a week at night, has been added a Nose, Throat and Ear and Dental Department, so that at the present time all the cilnics, with the exception of Eye, are represented at the night clinic.

The facilities for hospital care for tonsillectomy cases have been much improved. The patients are kept in the Presbyterian Hospital over night. A visiting nurse makes a pre- and post-operative home visit to each case. The head nurse in the dispensary arranges for a pre-operative physical examination on all tonsillectomy cases, and is in attendance at all tonsillectomies and adenoid operations. A full-time clinic secretary is delegated to the Nose and Throat and Ear Department.

During the past year a study was made of five hundred cases, their social economic status, the medical problems and the service which they received at the Central Free Dispensary, with a view to estimating from a

cross-section of the clinic population the general trend of the work. This study was published in April, 1924.

The cost of operation of the clinic has increased steadily. The expenditure for 1924 increased 16 per cent over the expenditures for 1923. In the last ten years the annual dispensary budget has grown from $8,000 to over $87,000.

The State Department of Public Health has furnished free salvarsan to indigent patients at the recommendation of the dispensary since 1922.

The Eye Department has been nearly able to maintain itself financially since 1920. In addition to the doctors in attendance the staff now consists of a social worker and, since the beginning of 1924, a special nurse and two paid refractionists.

A male interviewer (medical student) secures a social history at admission from all Genito-Urinary patients. The delinquent patients, those who do not report for treatment as requested, are reported to the Board of Health.

In 1920 the admission fee to the Industrial Clinic was increased to fifty cents a visit. The attendance, however, has continued to increase so that it has been necessary to install additional nursing service as well as to increase the number of doctors and nurses in attendance.

An appointment system has recently been introduced and is being experimented with in two clinics, Neurology and Diabetes. Under this system both new and old patients are admitted to the clinics, by appointment, not only for the day, but also at a given hour. This has already resulted in less congestion in the clinic, shorter waiting periods for patients and increased satisfaction to the doctors in attendance.

The Dermatology and Neurology clinics have been well organized for years. It has been found advantageous to make a closer co-ordination between these departments; to have a neurologist regularly in the Dermatology Clinic. This co-ordination has been found of great help in caring for those old syphilitic cases with neurologic symptoms. The same sort of an arrangement has been made between the departments of Pediatrics and Dermatology in order that more and better service can be given to syphilitic infants and children.

The past two years has been characterized by an increase in clinic attendance. The increase during 1924 without any concomitant unusual economic or health conditions existing in Chicago must be taken to mean the generally satisfactory nature of the service rendered.

THE far reaching services of a dispensary can be said to depend to a large extent on its social service assistance, for it is upon the social service department that the doctor comes to depend for the following up of his patients, for having them return on schedule, sometimes for interpreting his recommendations to the patient or an interested agency, for getting necessary hospital admissions or convalescent care and for providing many of the accessories that constitute the human element in dealing with patients whose needs may far outnumber their physical ills.

The purpose of the social service department in a dispensary is to assist the doctor in effecting a cure or improvement as expeditiously as possible. What this assistance may involve can seldom be determined at the outset. Milk for a malnourished child may mean the discovery of a tuberculous member unknown to the dispensary before. Lodging for a night may mean employment, transportation or locating a family in a distant city. An operation advised may mean arrangement for the care of a whole family while the mother is in the hospital, the placing of children in an institution temporarily, or a sick-benefit from an employer. Regular treatment at the clinic may mean carfare or a job. A cardiac condition may mean co-operation with a teacher to have exercise reduced, work changed or supervised. The need for glasses may mean getting someone to pay for them or following the patient to see that they are being worn. Deafness may mean re-education or a change of employment. Home investigation may reveal possibilities of service until cure and rehabilitation may come to be synonymous.

In 1914 the social service department of the Central Free Dispensary consisted of one part time volunteer social worker. The following year a superintendent was appointed who was himself a social worker, and this department of dispensary service began at once to be developed. In 1920 there were six full-time social workers in the dispensary, in Cardiac, Pediatrics, Ophthalmology, Dermatology, Pre- and Post-Natal and Orthogenic clinics. A clerk divided her times between two of the clinics, assisting the workers in each. Volunteer interviewers were serving in Pediatrics under supervision. In 1922 social service was extended to include the night Industrial Clinic.

In 1922 there were seven workers and several volunteers and in 1923 an additional clerk and worker were needed and an assistant director of social service was appointed whose function it has been to direct and supervise the work of the various individuals in the department. At the present time there are twelve workers in the department.

It has been estimated that between 10 and 12 per cent of the patients admitted to the dispensary receive some assistance from the social service. With the growing co-operation with the doctors and the emphasis upon preventive medicine, the number of patients who will need service will grow steadily, to include a much larger proportion of the clinic population. During the summer of 1921, through the co-operation of the County Agent, ninety children, patients in the Cardiac Clinic, were sent to Camp Reinberg and thirty others wrere given vacations of five weeks' duration by the Crippled Children's Outing Association. Such vacations for disabled and convalescent children and adults have now become an established routine of the dispensary.

Dispensary social service took a great step forward when it began to include in its activities not only interviews to determine upon the desirability or the necessity of granting a patient free treatment or collecting a fee from him, but also interviews and home visits for the investigation of family problems relative to the medical situation or the active co-operation with other agencies for this purpose. However, there is a still larger field perhaps for medical social service as an integral and possibly parallel part in the group practice of medicine and especially in preventive medicine.

It is undeniable that the quality of medical service at the Central Free Dispensary is becoming more satisfactory. And the credit for this improvement lies not only with the doctors but is also due to the labors of the social workers. Dispensary medical practice is more satisfactory because more intensive and thorough work can be done in special clinics than in large generalized ones. But the functioning of the special clinic depends upon a thorough sifting of cases in a general clinic. And patients return to complete their treatment not only because of the improved service but because of the continuous follow-up efforts of the workers. More attention is being given to such general health measures as proper diet and exercise, the application of the rules of hygiene to living conditions and the necessity

for suitable work and environment for the treatment of disease. The assistance of the social worker makes it possible for the doctor to include such undeniably valuable means as these in his list of available methods of treatment.

The following list of requests represents those made most frequently by the doctors of the social worker:

Complete social and economic history.
Requests for interpreters.
Admission to hospital or for dental care which can not be furnished at the Central Free Dispensary.
Reports of previous medical treatment in other institutions.
Economic aid in dispensary, such as free tests, appliances, etc.
Official statement of patient's condition for patient to use elsewhere.
Report of contagious diseases to the Health Department.
Report of a case to an interested agency.
To bring in other members of the family for examination.
Attendance follow-up.
Explanation to a patient of a diet regulation or the need for rest as a part of their treatment.
To secure more suitable work for a patient.

This list is of interest in illustrating the miscellaneous and inclusive character of the service which a social worker in a clinic is called upon to render.

One of the bits of routine which is making Central Free Dispensary service valuable to outside welfare agencies is the policy which has been adopted and carried on regularly of making detailed written reports of findings and recommendations on every case referred by an outside organization. These reports are sent out within 48 hours after the patient is examined. During 1924 a total of 4,159 such reports were made.

The Patients

TABLE 1

Number of Patients for the Years 1920, 1921, 1922, 1923 and 1924

	General Medicine			Neurology			Orthogenic			Pediatrics			Industrial Medicine			Diabetes		
	New Pts.	Revisits	Total Visits	New Pts.	Revisits	Total Visits	New Pts.	Revisits	Total Visits	New Pts.	Revisits	Total Visits	New Pts.	Revisits	Total Visits	New Pts.	Revisits	Total Visits
1920	2389	7385	9774	341	2386	2727	145	94	239	1457	3828	5285	778	10209	10987	22	288	310
1921	2290	6873	9163	360	2325	2685	148	89	237	1523	3047	4570	730	8754	9484	53	579	632
1922	2328	6532	8860	559	3490	4049	198	125	323	1575	2053	3628	834	9445	10279	66	498	564
1923	2496	7500	9996	696	4287	4983	178	137	315	1440	1899	3339	1100	11837	12937	122	988	1110
1924	2516	9570	12086	838	3789	4427	171	146	317	1452	2065	3517	961	10028	10989	124	1178	1302

	Cardiac			Nutrition			Infant Welfare			Physio Therapy			Massage			Surgery		
	New Pts.	Revisits	Total Visits	New Pts.	Revisits	Total Visits	New Pts.	Revisits	Total Visits	New Pts.	Revisits	Total Visits	New Pts.	Revisits	Total Visits	New Pts.	Revisits	Total Visits
1920	11	170	181	38	273	311	.....	.....	.....	.....	.....	.....	16	302	318	2134	4576	6710
1921	200	844	1044	180	811	971	.....	.....	.....	.....	.....	.....	18	406	424	2216	4432	6648
1922	291	1389	1680	295	838	1133	522	1592	2114	12	639	651	11	392	413	2485	4858	7343
1923	392	1648	2040	189	842	1031	405	1503	1908	11	1450	1461	9	225	234	2404	4438	6842
1924	373	1459	1832	203	1536	1739	526	2433	2959	.....	.....	1184	5	180	185	2571	4761	7332

	Gynecology and Obstetrics			Throat—Nose and Ear			Speech			Eye			Skin			Genito-Urinary			Dental	Total		
	New Pts.	Revisits	Total Visits	New Pts.	Revisits	Total Visits	New Pts.	Revisits	Total Visits	New Pts.	Revisits	Total Visits	New Pts.	Revisits	Total Visits	New Pts.	Revisits	Total Visits	Total	New Pts.	Revisits	Total Visits
1920	973	2677	3650	2326	4605	6931	54	278	332	1458	5668	7126	2200	15557	17757	897	5804	6701	.....	15190	63657	78847
1921	1400	3515	4915	2527	5044	7571	45	215	260	1049	4186	5235	2470	16069	18539	1131	5655	6786	.....	17451	61713	79164
1922	1487	3303	4790	2820	6364	9184	72	304	376	1675	4002	5677	2602	17070	19672	1378	5485	6863	.....	19160	68439	87599
1923	1424	3464	4888	3109	7291	10400	81	367	448	1947	4220	6167	2747	17178	19925	1325	5463	6788	.....	20075	74737	94812
1924	1595	5089	6684	3174	7459	10633	88	416	504	1696	4727	6423	2690	17529	20219	1099	6043	7142	683 †	19897	80230	100127

*In 1924 certain clinics have been divided in reporting attendance, for example:
Industrial—Skin and Syphilis—Nutrition and General Medicine.
Gyn. and Obstetrics
Syphilis and Skin
†823 Special Dental Examinations (for new cases in Industrial Clinic)

TABLE II—NATIONALITIES OF CENTRAL FREE DISPENSARY PATIENTS

	Number in			
	1921	1922	1923	1924
American (white)	4281	4003	3866	3935
American (colored)	1305	1288	1823	2036
Jewish	3238	3776	3879	3302
Polish	1800	2149	1933	2001
Italian	1064	1604	1541	1548
German	673	978	1267	1227
Irish	598	922	1083	849
Bohemian	437	628	676	595
Lithuanian	272	398	379	353
Greek	217	273	265	267
Russian	201	213	215	150
Swedish	125	197	275	267
Slavish	152	192	218	232
English (British)	102	169	261	219
French	81	143	182	164
Austrian	166	164	39	..
Norwegian	89	129	135	169
Hungarian	106	108	117	127
Scotch	72	117	124	117
Mexican	100	102	129	276
Danish	42	75	90	73
Armenian	50	86	66	52
Canadian	60	80	50	56
Holland	37	76	61	67
Croatian	42	37	39	63
Spanish	37	34	31	48
Ukranian	25	21	41	33
Serbian	22	30	33	14
Australian	1	..	83	78
Belgian	20	28	30	24
Roumanian	28	31	18	17
Syrian	12	12	42	18
Swiss	17	31	..	7
Finnish	12	12	19	22
Bulgarian	17	8	12	7
Philippine	8	14	15	27
Indian	4	8	13	12
Welsh	5	14	6	17
Turkish	12	7	5	4
Chinese	10	5	4	4
Lettish	..	5	11	7
Persian	8	3	3	3
Luxumberg	9	2	3	3
Japanese	2	4	3	1
Argentine	1	2	3	..
Cuban	1	2	4	1

	Number in			
	1921	1922	1923	1924
Sicilian	..	1	3	1
Hindu	..	1	2	2
Laplander	..	..	3	1
Alsatian	2	..	..	..
Albanian	1	..	1	1
Macedonian	..	1	1	1
Brazilian	1	..	..	1
Bavarian	1	..	..	..
Columbian	1	..	..	..
Korean	1	..	..	1
Peruvian	..	1	..	1
Saxon	..	1	..	..
Titian	..	1	..	..
Total—57*	50	50	49	52

* Not including as nationalities either American (colored) or Jewish.

PER CENT DISTRIBUTION OF C. F. D. PATIENTS BY NATIONALITY FOR YEARS 1921—1922—1923—1924

Nationality	Per Cent
American (white)	22. %
American (colored)	8.+%
Jewish	19. %
Polish	11. %
Italian	8.—%
German	5.+%
Irish	5.—%
Bohemian	3. %
Lithuanian	2.—%
Greek	1. %
Russian	1. %
Swedish	1. %
Slavish	1. %
English	1. %
Mexican	0.9 %

The other 45 nationalities have less than 1.% representation among the dispensary population.

TABLE III—SOURCES: AGENCIES REFERRING PATIENTS TO CENTRAL FREE DISPENSARY

	Numbers Referred in			
	1921	1922	1923	1924
Cook County Hospital	2254	1276	1761	1708
Other doctors	695	773	521	854
Board of Education	513	509	645	438
Visiting Nurses Assn.	502	634	305	306

	Numbers Referred in			
	1921	1922	1923	1924
United Charities	442	545	215	315
Infant Welfare Society	202	370	188	256
Presbyterian Hospital	171	169	61	91
Municipal Tuberculosis Sanitarium	86	196	117	202
School nurses	68	175	61	67
Health Department	45	45	110	85
Central Charity Bureau	39	113	13	24
Juvenile Court and Mother's Pension	58	63	33	66
Hull House	36	57	12	19
Chicago Commons	35	59	5	13
Northwestern Settlement	56	42	1	4
Children's Memorial Hospital	30	39	11	33
Crippled Children's Home	33	18	25	53
Spanish Mission	..	31	56	59
Legal Aid Society	24	34	10	14
Chicago College of Dental Surgery	30	28	..?	1
St. Mary's Home	20	23	9	5
Churches	34	22	1	..
American Red Cross	24	18	5	4
County agent	22	13	4	14
Ill. Eye and Ear Infirmary	21	15	—?	2
Public Health Institute	..	32	2	11
Metropolitan Insurance	..	31	1	15
Chicago Tuberculosis Institute.	..	19	20	23
St. Anne's Nursery	17	11	2	5
Lying-In Dispensary	8	9	1	..
Institute for Juvenile Research.	..	12	6	3
Juvenile Protective Association.	9	4	4	6
Illinois Dental College	9	3	5	1
Chicago State Hospital	..	13	2	16
Ill. Society for Prevention of Blindness	..	11	61	..?
Mary Crane Nursery	6	10	..	6
Immigration Commission	..	15	..	..
Ill. Child. Home and Aid Society	..	14	1	6
Foundling's Home	8	15	..	5
Psychopathic Hospital	5	4	2	2
Ill. Social Hygiene League	..	1	3	..
Chicago Lighthouse	1	2	..	1
Salvation Army	..	3	..	6
Ogontz Nursery	..	..	3	..
Michael Reese Hospital and Dis.	..	2	10	17
Employers	..	215	1	9
Other agencies	328	98	..	28
Total referred by agencies	5831	5791	4293	4793
Per cent referred by agencies	33%	30%	21%	24%

Evening clinic patients not listed.

"Referred" as stated by patient as first interview (not complete).

TABLE IV—EMPLOYERS OF CENTRAL FREE DISPENSARY NEW PATIENTS FOR YEARS 1921-22-23-24

Employer	1921		1922		1923		1924	
Western Electric	184		156		328		301	
Sears Roebuck	105		169		228		104	
Hart Schaffner & Marx	81		144		146		149	
Marshall Field	59		108		104		69	
Armour & Co.	75		82		114		103	
Swift & Co.	73		72		66		151	
American Express Co.	79		44		77		70	
Crane & Co.	45		62		86		77	
International Harvester	30		48		85		74	
McCormick	69	117	50	131	54	171	71	176
Deering	18		33		32		31	
Chicago Telephone Co.	36		51		73		52	
Pullman Co.	41		49		68		53	
Wilson & Co.	42		45		41		27	
Yellow Cab	23		32		58		79	
U. S. Post Office	..		34		77		98	
Western Union	..		42		62		31	
Kuppenheimer	14		56		26		33	
Illinois Steel Co.	31		24		37		18	
Morris & Co.	43		35		15		5	
Alfred Decker	26		33		32		16	
Phillipsborn	11		45		31		18	
Boston Store	26		33		24		20	
National Biscuit Co.	20		33		28		23	
American Car Co.	19		31		28		29	
Commonwealth Edison	22		34		22		7	
Rothschilds'	15		23		30		13	
Montgomery Ward	15		11		36		21	
Mandel's	25		8		23		14	
Carson Pirie Scott Co.	20		19		23		28	
Peoples Gas Co.	16		23		21		34	
Checker Cab	17		11		25		16	
Argo Corn Products	21		12		17		15	
Consumers Co.	13		14		12		12	
Kellogg Switch Co.	9		14		15		19	
The Fair	16		19		12		8	
Edison Electric Appliances	9		13		22		36	
National Mall. Casting Co.	8		5		21		12	
Wolff Manufacturing Co.	15		10		21		20	
Libby, McNeil & Libby	7		9		15		7	
R. R. Donnelly	..		2		26		9	
Price Tailoring Co.	13		9		4		..	
Griffith Wheel Co.	9		7		9		23	
Karpen Furniture Co.	..		8		15		9	
Butler Bros.	7		14		1		4	
Illinois Malleable Iron Co.	18		..		4		3	
Kimball Piano Co.	..		13		8		11	

Employer	1921	1922	1923	1924
Continental Can Co	4	8	8	15
Hillman Co	7	8	5	3
Florsheim Co	4	8	7	10
Jelke Co	5	8	5	9
Automatic Electric Co	9	6	3	9
Wieboldt's	..	9	9	8
Bowman Dairy	4	6	7	6
Ward Bakery	1	4	12	16
Kirk Soap	5	6	5	1
Thompson's Restaurant	7	5	3	5
Union Specialty Machine Co	8	..	..	1
Benjamin Electric Co	7	1	5	7
Sprague Warner Co	5	8	7	3
The Hub	1	8	4	..
Borden Dairy	2	5	5	4
Bunte Candy	..	7	5	9
Chicago Tribune	2	1	9	..
Western Felt Co	3	2	8	4
Hall Printing Co	7	4	..	..
International Tailors	4	3	3	1
Royal Tailors	6	2	11	..
Ryerson Steel Co	5	11	..	1
Paris Garters	2	8	3	3
Parmalee Bus Co	4	3	4	5
Hayward Bro	6	1	1	..
Hurley Washing Machine Co	3	5	..	2
Western Dairy	2	5	1	3
Omaha Packing Co	3	1	4	6
Chicago Fuse Co	7	2	..	3
Strauss Tailors	..	4	3	..
Wilson-Jones Co	..	4	3	3
Hines Lumber Co	2	5	..	2
Sinclair Oil Co	1	2	3	..
United Dairy	4	2	..	1
Mantel Lamp	2	1	2	1
Schultz Piano Co	5	..	..	1
Caldwell & Son	4	1	..	..
Child's Restaurants	2	3	..	..
Addressograph Co	1	2	2	4
Adams Express Co	1	..	4	5
Lyon & Healy	..	3	2	4
Bannerman Tailors	4	1	..	..
Kabo Corset	4	1	..	..
National Tea Co	..	3	3	7
U. S. Rubber Co	2	1	1	2
Herald-Examiner	4	..	..	1
Wrigley Co	2	2	..	2
Woolworth Co	2	1	1	..
Sawyer Biscuit Co	..	1	3	3
Thos. Cusak Co	..	2	1	..

Employer	1921	1922	1923	1924
Westinghouse Electric	..	1	1	1
Singer Sewing Machine	2	..	..	1
Wells-Fargo Express	2	..	..	..
Vogue	2	..	..	..
Harmony Cafeteria	2	..	..	..
J. V. Farwell	..	2	..	..
Chicago Screw Co	..	2	..	3
Appleton Electric Co	2	2	..	2
American Steel Co	..	1	..	1
Babson Bros	1	..	..	..
Nash Motor Co	..	1	..	..
National Casket Co	1	..	..	..
Diamond Truck Co	1	..	..	..
Best Bro	..	..	..	1
American Express	..	..	..	2
E. V. Price & Co	..	..	..	2
Standard Oil Co	..	..	..	6
Western Shade Co	..	..	..	2
Stromberg Co	..	..	..	2
RAILROADS				
Chicago-North Western R. R.	109	72	91	88
Chicago Surface Lines	37	100	112	79
Chicago, Milwaukee, St. Paul R. R.	34	48	50	37
C. B. & Q	40	33	30	20
Illinois Central R. R	25	31	45	40
Metropolitan "L"	29	28	38	11
Santa Fe R. R	19	27	36	29
Pennsylvania R. R	13	27	41	23
Baltimore & Ohio R. R	17	14	29	26
Rock Island R. R	7	21	14	20
Belt Line	14	9	19	2
Grand Trunk R. R	14	3	7	2
Chicago & Atlon R. R	..	10	7	..
Wabash R. R	..	5	7	..
Michigan Central R. R	3	2	2	4

Evening clinic patients not listed.

"Employer" given by patient at first interview (not complete).

Year	Receipts from Pts.	No. of New Pts. Adm.	Total No. of Visits Made all Pts.	No. of Free Visits	% of Visits Which Were Free	Average Contribution per Pt. per Visit	Av. Cost Per Visit	% of Cost of Visit Paid by Patient
1918	$26,882.90	15,467	70,683	No data	.....	$0.38	$0.48	79%
1919	31,175.77	15,830	71,705	No data	.....	0.47	0.62	75%
1920	41,173.00	15,190	78,847	9,292	11%	0.52	0.69	75%
1921	42,764.09	17,451*	79,164	9,500	12%*	0.54	0.73	74%
1922	52,999.08	19,160	87,599	12,262	14.6%	0.65	0.77	84%
1923	62,474.04	20,075	94,812	11,812	12%	0.66	0.80	(82.5%)
1924	65,793.59	19,897	100,127	13,100	13%	0.66	0.87	76%

*Estimated.

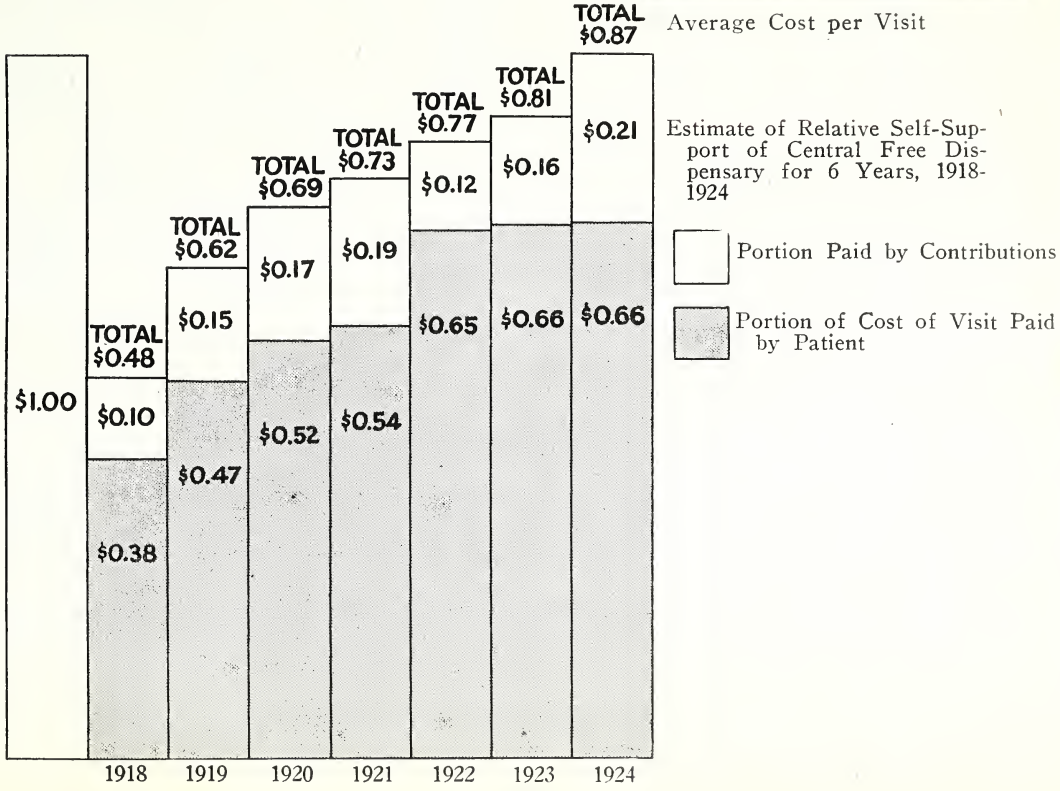

TABLE 5

Receipts and Expenses for the Years 1920-1924.

	1920	1921	1922	1923	1924
Receipts, cash on hand 1 Jan..	$ 5,373.51	$ 1,450.63	$ 3,592.93	$ 5,041.43	$12,792.14
Income from Patients....	41,173.00	42,764.09	52,999.08	62,474.04	65.793.59
" " Contributions	8,515.00	9,250.09	12,268.28	18,323.29	11,933.90
" " Investments	1,476.91	1,147.77	1,664.00	1,471.50	1,888.00
" " other Sources	.....	6,000.00 (borrowed)	250.00	1,552.17	2,331.37
Total.....	$56,538.49	$60,612.58	$69,323.82	$88,862.43	$94,739.00
Expenditures.					
Salaries and Wages.....	$ 1,209.92 (over the estimate)	.....	.....	.....	.....
Administrative and Social Service.....	9,780.00	13,600.00	12,640.61	19,704.30	23,764.60
Nursing.....	1,200.00	2,700.00	1,816.01	3,685.00	6,153.67
Medical and Druggist.....	7,280.00	8,970.00	9,570.98	8,094.13	8,661.51
Clerical.....	7,080.00	6,340.00	7,855.14	6,117.57	8,095.80
Building Maintenance.....	3,204.00	2,364.00	3,107.03	3,189.46	3,669.53
Industrial Clinic.....	251.25	(included above)	(included above)	4,747.00	5,185.08
Total.....	$29,997.17	$33,974.00	$34,989.77	$45,537.46	$55,530.19
Medical Supplies:					
Eye Dept.....	$ 3,525.05	$ 1,918.80	$ 3,788.54	$ 4,069.79	$ 4,422.84
Salvarsan (Skin).....	2,539.85	1,791.96	1,844.31	1,504.16	1,348.52
O. B. Dept.....	.....	.....	881.88	797.24	948.75
Nutrition.....	.....	.....	220.25	183.27	.....
Drugs and Bottles.....	2,687.42	2,653.60	2,175.04	3,076.05	3,142.80
Bandages and Gauze.....	3,950.73 (and supplies)	.....	1,004.08	1,674.25	1,826.40
Gloves and Instruments...	.....	.....	1,634.93	2,491.95	1,631.56
Basal Metabolism.....	.....	.....	21.00	51.00	69.50
Groceries and Sou Bean Flour.....	466.42	498.68	274.14	469.36	604.16
Laboratory (supplies).....	.....	.....	454.17	567.50	694.40
Presby. Hosp. X-ray.....	1,672.00	2,718.32	.....	3,503.00	4,045.00
" Bed Rental	.....	.....	5,462.54	2,404.00	2,860.90
T. N. E. Dept.....	1,715.50	1,620.00	.....	.....	.....
Total.....	$16,556.97	$11,201.36	$17,760.88	$20,791.57	$21,594.83

General Expenses.					
Painting and Plumbing			$ 2,131.85	$ 950.85	$ 602.85
Printing and Stationery		$ 4,610.20	1,071.19	1,049.02	1,795.29
Water and Ice			140.67	196.22	219.30
Telephone			784.56	918.77	1,121.39
Car Tickets			520.00	368.00	351.00
Power			27.00	33.00	41.40
Postage			330.00	360.00	440.00
Laundry				479.22	488.09
Sheets, Gowns, Blankets			109.24	267.65	219.00
Equipment	$ 2,024.73	$ 1,498.28	1,184.94	1,214.80	635.63
Floor in T. N. E. Operating Room					1,054.00
Sundry Supplies		856.70	2,051.84	1,781.22	1,684.93
Sundry Expenses	2,536.18 (misc.)	1,443.08	1,643.80	2,122.51	1,432.49 (misc.)
Other Expenditures	3,884.89 (gen'l expenses)	4,140.64 [including (1)]	5,129.58		153.58 (petty cash)
Total	$ 8,445.80	$12,548.90	$15,124.67	$ 9,741.26	$10,138.95
Total—Expenditures	$54,999.94	$57,724.26	$67,875.32	$76,070.29	$87,363.97
Balance at end of year	$ 1,538.55 (3)	$ 2,888.32	$ 5,041.43	$12,792.14	$ 7,375.03

(1)$2,488.40—Paid on 1920 account. $1,500.00—Borrowed money returned.
(3)$87.92—Not accounted for, probably in outstanding bills.

Audited Annually by Arthur Young & Co., Public Auditors.

The Clinics

OPHTHALMOLOGY

THE activity of a social worker in a clinic as specialized as an Eye Clinic is more or less peculiar to that department alone. The work can, however, be grouped generally to include such duties as that of history taking on problem cases presenting a difficulty in diagnosis, which difficulty might be cleared up by checking the clinic data with the observations made in the school or the home. Instructions are given to patients or the parents of patients who are suffering from such diseases as interstitial keratitis, in which dietary routine is an important factor in the ultimate recovery, and if home care is inadequate or impossible to persuade the family of the necessity for temporary hospitalization.

The follow-up work in the department may be classed as (1) *Treatment follow-up,* on those cases requiring continuous care in the clinic for such acute affairs as conjunctivitis, glaucoma, iritis and corneal ulcers, in which the failure to report for treatment may mean very serious loss of sight; (2) *Medical follow-up,* of cases who need observation at infrequent intervals, or a final examination several weeks after glasses have been fitted and used; (3) *Attendance follow-up,* of cases for the most part refractions which are still incomplete or of infectious diseases which are reported to the Health Department when they cease to attend this clinic regularly, and (4) *Social follow-up,* which includes the use of the necessary machinery for placing patients in special classes, securing co-operation of teachers to whom a patient's difficulties or defects are explained, or accomplishing admission to state and private institutions when institutional care is necessary, securing employment for handicapped patients through co-operation with agencies specially equipped for this purpose, or securing hospitalization for those needing immediate care, financial investigations in case of doubt and reports to the Health Department of infectious cases who refuse to co-operate.

CARDIAC

The worker in the Cardiac Clinic in addition to the routine attendance follow-up by letter and visit is called upon to co-operate with many outside agencies, since many of the cardiac cases are referred to the clinic by some

other organization who is already responsible for them. In the past year 154 patients out of the 497 admitted were sent to the dispensary by an agency who was interested in them.

Home visits to many of the patients are made in order to size up the situation and resources available for the doctor to keep in mind when he is planning treatment for the patient.

Often industrial adjustments have to be made for a cardiac patient whose job is too heavy a tax on his heart condition.

Many of the cardiac patients are in need of convalescent care, sometimes because the home care is insufficient, sometimes because further rest is needed for a patient being discharged from a hospital.

From the contact with convalescent homes has developed the vacation plan, through which many of the patients, especially children, are given outings which extend over several weeks.

The chief of staff in the clinic is planning an intensive study of twenty-five cases known to the dispensary for three years, in which a detailed description of the social and environmental factors will be made by the social worker and these facts correlated with the improvement or lack of improvement and the physical condition of the patient at various times.

GYNECOLOGY

An average of 520 patients are treated in the Gynecological clinic each month. Two out of every five patients are new. Each patient who fails to return as directed has at least two follow-up letters sent to her. The number of such letters sent out each month averages about 125. Serious cases who fail to respond to two letters are visited at the recommendation of the doctor.

In addition to co-operation in the form of reports received from and sent to other social organizations who are interested in the patients, the clinic worker co-operates with the Visiting Nurses' Association, whose nurses go into the homes of those patients who need instruction.

Cases of gonorrheal infection, which average about five or six a month, or only 1 per cent of the total number of cases, need to be followed for the purpose of bringing the other members of the family to the dispensary for examination. These cases are reported after their first visit and thereafter once a month to the Health Department in accordance with the

requirement of the law should they fail to respond to the dispensary "follow-up."

About seven or eight gynecological patients are admitted to the Presbyterian Hospital each month. To these, special service is rendered in the form of home visits previous to admission, visits to the patient while she is in the hospital, arrangements through other organizations or directly with relatives for the care of small children at home while the patient is in the hospital and arrangements for convalescent care when such is necessary following discharge from the hospital.

For emergency cases, when beds are not available at Presbyterian Hospital, arrangements are made for accommodation at the Cook County Hospital.

GENERAL MEDICINE

Because of its relationship to the various sub-departments and its growing function as a clearing house for many types of medical problems, clinic management alone in General Medicine can absorb much of the time and energy of the worker. For instance, appointments for special consultation are made and the attendance of the patient at this consultation assured, hospital admissions secured, refers made to and reports secured from other departments and X-ray and laboratory reports must be assembled, all as a part of the routine of the smoothly running clinic.

And by the same token the social problems to be handled present a far greater variety of possibilities than in any of the other departments. Social problems may come to the attention of the clinic worker in one of three ways: through the doctor, through the worker herself, or through the initiative of the patient. For example, the doctor may refer a patient who needs some mechanical appliance or to whom a careful explanation of the need for a diet or hygienic measures may be necessary, or he may refer to the worker a patient who has been advised to take a long period of rest which social factors in his life may make or seem to make impossible.

The worker may accidentally in checking an address or deliberately by questioning a patient who has the appearance of being ill at ease or worried, bring out a social problem unsuspected before, which though it may or may not have a direct connection with his present medical problem, yet probably influences it to some extent. In one recent case the cause

of severe gastro-intestinal disturbances was discovered to be difficulties in the home, and when these difficulites were taken care of the symptoms disappeared.

The patient himself may go to the worker and ask voluntarily for advice and the benefit of her judgment. Many such patients can handle their problems alone, but many others need the assistance of a special organization. And when necessary the worker is equipped to secure the co-operation of such agencies, be they convalescent homes, homes for the aged, Legal Aid, Juvenile Court or United Charities for the assistance of the patient.

A frequent problem is that of the homeless man, without friends or work, and more or less handicapped by a chronic disease. The task of placing these men, either temporarily or permanently, is a frequent one. An average of five or six such cases are handled each month.

Another problem which often tasks the ingenuity of the worker is that of assisting in arranging a rest of several months for the chief wage earner or mother in a large family. This involves arrangements and medical reports to the employer, co-operation with the family or relatives or with a social organization.

NUTRITION.

There are two nutrition clinics meeting once a week, a Saturday morning clinic for school children and those who have stopped school but who cannot get their working certificates because of undernourishment, and an industrial clinic for working children, meeting Tuesday night. These children are referred to the Nutrition Clinic by other clinic departments, by outside agencies and particularly by the Vocational Bureau of the School Board.

The Vocational Guidance Department of the Chicago Board of Education is organized especially to assist children between 14 and 16 years of age, who are going to work for the first time. If a child wishing to go to work is found to be below normal in physical condition, or has physical defects which are real handicaps, every effort is used to correct these conditions. Central Free Dispensary has been able to render a great deal of service to individuals in this group who are unable to pay for medical

service. During 1924 more than a thousand such children were cared for in the various clinics of the dispensary.

The routine is practically the same in both clinics. Each child is given a complete physical examination on his first visit and on subsequent visits as conditions indicate. In the industrial clinic this first examination includes one in the Nose and Throat and in the Dental Department. A complete diet history is taken and suggested changes are made. The child is given a printed form containing general rules for feeding and with individual suggestions especially emphasized. A weekly record of diet and hygiene and a detailed account of at least two whole days is kept by the child on a printed form and returned to the dietitian at the next visit. The younger children are stimulated to follow the rules of hygiene by attractive health cards and stars furnished by the Infant Welfare Society of Chicago. Stubborn cases of failure to gain, or to lose in obese children, are referred to the Metabolism Clinic.

The average attendance at the Saturday clinic is 18 patients, of whom five are usually new each week. The average attendance at the Tuesday night clinic is 27, three of whom are new. About 159 visits are made each month by children from the Board of Education.

At the Industrial Clinic supper is served to the children for five cents. This supper serves the purpose not only of providing food for the children at the usual meal time, since most of the children come directly from work, but it serves a second purpose which is educational, to introduce the child to a well balanced meal and to suggest the use of a greater variety of vegetables. This is one of the most frequent dietary faults found in the histories of these undernourished children. The average number of children who take advantage of this supper is twelve each night.

In addition to the doctor, a dietitian is in attendance at both sections of the Nutrition Clinic.

Since April, 1923, the dietitian has also been directing the diets of undernourished and obese children in the Cardiac Clinic. Intensive work has been done with most of these children since the number is still limited. Only one or two children have been referred to the dietitian each clinic hour.

DIABETES.

The Diabetic Clinic meets once a week, with a doctor, a dietitian, a nurse and a laboratory technician in attendance. The usual number of patients during 1924 at each session was 25, of whom three were there for the first time. In a recent survey of 157 active cases it was found that 39.5 per cent of the patients had been attending the clinic from one to six months, 27.4 per cent between six months and one year and 33 per cent over a year. Eighty-one per cent of these patients were between the ages of 40 and 70 years. Forty-three (27 per cent) were men and 114 (73 per cent) were women. Of the latter 98 were housewives who were preparing not only their own diets but the food for their families as well. Forty-three per cent or 68 of the patients were Jewish, of these 57 were Russian Jews. Of the 38 Americans in attendance, 10 were negroes.

In the clinic each patient consults with the doctor individually while the other patients, grouped about, receive the benefit of the discussion. The laboratory technician gives the patients the technique of a simple urine analysis which the patient is instructed to carry out at home.

One afternoon a week the dietitian holds a class at which individual instruction is given in the preparation of food and the use of scales in measuring food, and a diet agreeable to the patient is worked out with each. This diabetic class, where the clinic becomes in reality a classroom and the patients students, is rendering especially satisfactory service to our patients. Sixty-four per cent of all the patients who were active in December, 1924, had attended this diet class for further instruction, making an average of one or two visits each. Sixty-eight per cent of the patients are now using scales in the preparation of their diet. The scales are for the most part purchased through the dispensary, the patients usually paying for them in small weekly sums. Eighty-nine of the patients have secured their scales in this way.

Four per cent of the patients were given diet instructions in their homes, 15 per cent received their only instruction in the clinic and four per cent were put on unrestricted diets and hence needed no special instructions.

Fifty-two of the patients have been hospitalized at one time or another for their diabetic condition. Nine had been in the Cook County Hospital and 36 had been in the Presbyterian Hospital, and 20 of these were given

instructions in the use of scales and the preparation of food while they were in the hospital.

The cooperation of the patients was estimated according to their regularity of attendance at clinic, their willingness and ability to use scales and to follow diet instructions. Thirteen per cent of the 157 cases could not be estimated since they either did not return or else were unable to understand, seventeen per cent were poor because of lack of interest or understanding or both, twenty-three per cent cooperated fairly, thirty-four per cent were above the average and fourteen per cent could be said to have cooperated excellently.

NOSE, THROAT AND EAR

The Nose and Throat Department receives about 400 visits from patients each month. About one-quarter of this number are patients for whom tonsillectomies are advised and two-thirds of these operations are performed in the operating rooms of the dispensary. The visiting nurses make the home visits on these patients. Every tonsillectomy patient remains over night in the Presbyterian Hospital.

There are 8 post-graduate men in attendance in the Nose and Throat and Ear Departments. These men are under the supervision of the regular attending doctor.

Since all home visits are made by the nurses from the Visiting Nurses' Association, the social worker in the clinic gives practically all of her time to clinic management, such as routing the patients during clinic hours, caring for their comfort and seeing that they see the doctor, making appointments for operations and sending out routine letters to patients who fail to return. About 100 such letters are sent out each month.

Special educational work has been done in the Ear Department under the direction of the Associate Director of Social Service.

Two demonstrations were given before the senior class in the Ear clinic at Rush Medical College. These demonstrations were followed by a discussion of the Speech Development work and the educational opportunities for the deaf through the various organizations designed especially for this purpose. Several public school teachers of the deaf were invited to attend these demonstration clinics. This work was made possible through the interest of the Chicago School for Lip Reading,

Parker Practice School and the Chicago League for the Hard of Hearing. In addition to this valuable educational work, thirteen children who had been examined in the Ear and Speech clinics have been referred to the Child Study Department of the Board of Education and were then followed to satisfactory placement in state and private schools for the education of the deaf. Several handicapped persons were able to secure employment through the assistance and intervention of the social service department.

It is planned to continue and perhaps to enlarge upon the educational work during the coming year.

SPEECH

Speech problems are studied and treated in a special clinic meeting two afternoons a week. Speech difficulties may be due to a physical defect or to functional disturbances, which may be temporary or may become permanent.

The clinic is conducted by an attending physician and a social worker who assists the doctor not only in the handling of social problems outside the clinic, but also with the instruction in the class where each patient receives individual attention. A home investigation by a social worker may reveal conditions which are of fundamental importance to the doctor who is trying to discover the cause for and the means of treating a speech disorder. Visits are frequently necessary to secure the cooperation of parents and to correct prejudices against special schools and instruction. Visits and letters to teachers are often of significant value in gaining the confidence of the child and accomplishing a change in conditions which may have been adding to his handicap. Or a visit to an employer may make it possible for a patient to attend a day clinic.

The attendance in speech has necessarily been small, as such work requires concentration and very close personal supervision and instruction.

PEDIATRICS

The Pediatrics Department functions as a clearing house for children as General Medicine does for adults. Therefore, many of the children who are admitted are transferred, or referred at once, to some other department. The usual type of service in a Pediatrics Clinic is a concentrated

one, for children suffer from acute rather than chronic diseases and hence respond quickly and almost dramatically to treatment. The turn-over in the clinic is consequently rapid and seldom do cases need to be carried as long as a month.

Attendance follow-up is routine, but often difficult, since many dispensary parents do not see the need for returning with a child to the doctor for mere observation if his condition causes no annoyance at home. Infant Welfare Stations are potent factors in helping to overcome this indifference and teaching mothers the necessity for taking even a healthy child to a doctor.

Social problems are brought most strikingly to the doctor during his examination of the child and his interview with the mother and are referred by him to the social worker. In addition the social worker herself must be trained to read between the lines of a terse admission sheet a possible social problem in such phrases as "Wage," "Number of Children" and "Boarders," which often tell a story in themselves.

Social work naturally varies with the type of problem each patient presents. Frequently there is need to refer the mother of an undernourished child to the County Agent for milk, which the family cannot afford to buy. A family needing the temporary assistance of the United Charities, or a mother who is eligible for a Mother's Pension, are not uncommon in the clinic. Domestic situations in which the advice of the Legal Aid is required sometimes present themselves. Working mothers often ask for reference to a nursery where they may leave their children during the day.

A great deal of the social work is being done in the immediate clinic period where contact may be made with a mother and her confidence gained.

Another interesting bit of cooperation is that established with students of the Chicago Kindergarten College. It is very desirable for all school teachers, and especially those who are dealing with little children, that they become familiar with the appearance and attitude of children who are not well. In order that these young kindergarteners may get some training in this way, these students come to the dispensary every Saturday morning. While getting this training, they assist in the management of the children waiting for the doctor by keeping them interested in games, stories and simple occupational work. The addition of kindergarten methods

and a few simple toys have done much to win over the children so that to many of them a visit to the doctor which was once a terrorizing experience has been made a pleasant anticipation.

COOPERATION AND THE NEUROLOGY CLINIC

IN November, 1923, the Illinois Mental Hygiene Society began work in our Department of Neurology, and is paying a psychiatric worker and half-time of a clinical assistant, who is also a stenographer. This contribution amounts to $3,000 a year.

The value of this service lies not only in the fact that it is furnishing trained social service to our patients but also because it is bringing our work into close touch with an organization which devotes its entire efforts towards assisting in the reestablishment of the patient in the community and to securing the most fitting care for the mentally sick.

COOPERATION IN PRE-NATAL, PRE-SCHOOL NUTRITION, INFANT FEEDING AND SYPHILIS

INFANT Welfare on June first, 1921, assumed the work of Infant Feeding as well as the Pre-Natal work of Central Free Dispensary. This work required the full time of a nurse, besides the services of a dietitian, for the pre-school nutrition clinic one morning each week.

On November 12, 1923, the work of the Pre-Natal Clinic was transferred to the Visiting Nurses' Association who, previous to 1921, had given nursing care in this department. This change from the Infant Welfare Society to the Visiting Nurses' Association is advantageous to the teaching activity of the College and Dispensary. Under the rules of the Infant Welfare Society pre-natal work is districted. With the present arrangement all cases coming to the dispensary for pre-natal care may be admitted. Cases, which may live in districts outside of Central Free Dispensary Visiting Nurse district, will be cared for by any one of the 119 other nurses who are members of the Visiting Nurse Association staff.

THE OBSTETRIC DEPARTMENT

The Obstetric Out Patient Department gives care to all mothers who are unable or unwilling to go to a hospital, and who are not able to pay a private physician.

While this department is nominally a part of Central Free Dispensary, it also belongs to Rush Medical College, the Presbyterian Hospital and the Visiting Nurse Association, and it is because of the harmonious co-operation of all these agencies that it is possible to make this work effective and satisfactory.

During the five-year period 3,473 women were taken care of in their homes.

The Visiting Nurses' Association has delegated a nurse to be on duty every day in the Syphilis Department. She assists in the management of the clinic and with the children's treatments. She also reports delinquent patients to the central office of the Association, where they are referred for home follow-up visits to the district nurses.

Family Budget

THE following budget is used by the Social Service Department of Central Free Dispensary. This budget itemizes a minimum of what is considered necessary in order to live in Chicago. This minimum is an average of 98 cents per day, per person, in family groups of five or more.

Generally speaking, a person can be considered as entitled to dispensary service if the person is a member of a family and the income is less than 90 cents per day, per person. Of course, there is no such thing as having a set formula which will apply to all conditions met with. It is only intended that this budget be used as a guide to the person responsible for this work in determining who are, or not, entitled to dispensary service.

AVERAGE BUDGET FOR A WORKING MAN'S FAMILY OF FIVE, FATHER, MOTHER AND THREE CHILDREN: BOY 14, GIRL 12, AND CHILD 6 YEARS

Living Expenses:		
Food	$62.00	
Shelter	25.00	
Clothing	20.00	
Light, Water, Fuel, Ice, Furniture and Household Furnishings	7.00	
Sundries	4.00	
		$130.00
Accumulation:		
Life Insurance—Man	$ 2.00	
Life Insurance—Woman and Children	1.75	
		3.75
Welfare:		
Health—Dentist	$ 6.00	
Religion and Benevolences	3.00	
Recreation and Amusements	2.00	
Education—Schools Books, Magazines, Newspapers	2.25	
		13.25
		$147.00

$147.00 per month for 5 persons is an average of 98 cents per person per day.

This budget is based upon the experience of Central Free Dispensary, the Pension Dept. of Berks County, Pennsylvania; Mother's Assistance Fund, 1922; "The Cost of a Working Man's Standard of Living in Philadelphia, March, 1923;" and "Average Budget," United Charities, April, 1923; and the Cook County Bureau of Social Service Budget of 1917, to which was added 30%.

BY-LAWS OF THE CENTRAL FREE DISPENSARY
As Amended January 6, 1917

ARTICLE I.

NAME, OBJECT, PLACE OF BUSINESS, AND SEAL.

Section 1. *Name.* The name of the corporation shall be the CENTRAL FREE DISPENSARY OF WEST CHICAGO.

Section 2. *Object.* The object for which said corporation is formed is in general as follows: to aid persons who are sick and unable to pay for medical attendance, and to do this work efficiently and with no pecuniary profit.

Section 3. *Place, etc.* The business of said corporation shall be located in Chicago in the state of Illinois.

Section 4. *Seal.* The corporate seal of this corporation shall contain the full corporate name of this corporation. Within the circle shall be the words, "Corporate Seal 1873."

ARTICLE II.

Section. 1. *Membership.* Any person upon the payment of $10.00, and whose name shall be approved by the Executive Committee shall become an "Annual Member."

Any person upon the payment of $25.00, or more, and whose name shall be approved by the Executive Committee shall become a "Contributing Member," for the period of one year.

Any person upon the payment of $500.00, and whose name shall be approved by the Executive Committee shall become a "Life Member."

All members shall be entitled to vote at any annual or special meetings of the corporation. Voting may be either in person or by proxy, and each member shall be entitled to one vote.

All persons directors of this corporation at the time of the adoption of these by-laws shall, by reason of past services, become Members for life.

Section 2. *Membership Committee.* The president at the first meeting of the Board of Directors shall appoint, subject to the approval of the Board of Directors, a committee of three, to be known as the "Membership Committee," who shall hold office for one year, and until their successors are appointed, and whose duties shall be to solicit and recommend to the Executive Committee persons for membership.

ARTICLE III.

MANAGEMENT AND CONTROL.

Section 1. *Directors.* The affairs of the corporation shall be managed and controlled by a Board of 21 members to be known and styled as the Board of Directors, who shall be elected by the members of the corporation on the first Tuesday of April, 1914. Seven of the above members of the Board of Directors are to be elected to hold office for the period of one year and until their successors are elected; seven to be elected to hold office for the period of two years and until their successors

are elected; and seven to be elected to hold office for the period of three years and until their successors are elected.

Section 2. *Annual Meeting.* After the year 1914, there shall be held on the third Tuesday in January of each year, annual meetings of the corporation, for the purpose of electing directors whose terms shall have expired under the provision of the above section, and to transact such other business as may legally come before such meeting.

Section 3. *Special Meetings.* Special meetings of the members of the corporation may be called by the Secretary upon request of a majority of the Board of Directors, or upon the written request to the secretary by fifteen members of the corporation, and the call for such meeting shall state the time, place and business to be transacted, and no business other than that contained in the call shall be transacted.

Section 4. *Qualification.* Any person of good moral character, a resident of the State of Illinois, and who is a member of the corporation, may be elected a director. The vote shall be by ballot, and a majority of those voting shall be necessary for an election. At least one of the directors shall be a member of the faculty of Rush Medical College.

Section 5. *Vacancies.* Vacancies on the Board of Directors may be filled by the majority of the remaining members of the Board at any directors' meeting regularly called and held.

Section 6. *Officers.* The directors shall elect all the officers of the corporation.

Section 7. *Compensation.* No director shall receive a salary or compensation for services as director.

Section 8. *Quorum.* Twelve members of the corporation shall constitute a quorum for the transaction of business at any regular or special meeting thereof.

ARTICLE IV.

Meetings of Directors, Quorum, Etc.

Section 1. *Directors' Meetings.* The Board of Directors shall meet quarterly on the third Tuesday of January, April, July and October, and the first meeting of said Board shall convene immediately upon the adjournment of the regular annual meeting of the members.

Section 2. *Special Meetings.* Special meetings of the Board of Directors may be called at any time by the President, and in his absence by the Secretary, on application in writing by a majority of the members of the Board, by mailing to each director, at least three days prior to the date of such meeting, a written or printed notice, stating the object, time and place of such meeting.

Section 3. *Quorum.* A quorum shall consist of *seven members* of the Board of Directors, but directors less than a quorum may adjourn the meeting to a future date.

ARTICLE V.

Section 1. *Officers.* The officers of the corporation shall be a President, a Vice-President, a Second Vice-President, a Secretary and a Treasurer, to be elected by the Board of Directors at its first meeting, and which officers shall hold their respective offices for a period of one year, and until their successors are elected and qualify.

Section 2. *President.* The President shall preside at all meetings of the Board of Directors, and at meetings of the Executive Committee; countersign orders drawn by the secretary on the treasurer, call any special meetings of the Directors or Executive Committees when he may deem it necessary, or whenever he is requested to do so by three Directors.

Section 3. *Vice-President.* In the absence of the President, the First Vice-President, and in his absence, the Second Vice-President shall perform the duties of the President. In case of the death, resignation or removal from the State of the President, the First Vice-President shall be ex-officio President, until the end of the term to which the President shall have been electd.

Section 4. *Secretary.* The Secretary shall keep a correct record of the proceedings of all meetings of the members, Directors, and Executive Committee; draw all orders for money on the Treasurer; have the custody of the corporate seal, which he shall attach to such documents as may require the seal; make and sign all certificates of election of directors, and see that they are recorded according to law; and keep a correct and revised list of all members of the corporation, and their addresses.

Section 5. *Treasurer.* The Treasurer shall have the custody of all moneys belonging to the corporation and shall only disburse the same upon orders, signed by the Secretary and properly countersigned by the President; and funds shall be invested only upon the approval of the Board of Directors. The Treasurer shall qualify by giving to the corporation a bond, with security to be approved by the Executive Committee, conditioned for the proper keeping, use, disbursement, investment and transfer to his successor of all moneys, bonds, and other property of the corporation, which may come into his hands as such Treasurer.

Section 6. *Executive Committee.* There shall be an Executive Committee consisting of three members. The President shall be Chairman of this Committee. The other two members shall be appointed by the President subject to the approval of the Board of Directors. The members of this committee shall hold office for one year or until their successors are appointed. The Executive Committee shall have charge of the general conduct of the Dispensary and shall make general rules governing the same.

Section 7. *Fiscal Year.* The fiscal year of the corporation shall begin on the first day of January of each year, and terminate on the last day of December of the same year.

Reports. All officers shall make full and complete reports of their acts and doings in reference to the business of the corporation at the annual meetings of the members of the corporation.

ARTICLE VI.

Finance Committee.

Section 1. *Finance Committee.* The President at the first meeting of the Board of Directors shall appoint, subject to the approval of the Board of Directors, a committee of three to be known as the "Finance Committee," who shall hold office for one year and until their successors are appointed, and whose duties shall be to raise funds for the support and financing of this organization, and shall have power to devise plans for raising the money and providing means for carrying on the work of this corporation, and which committee shall make a report at each meeting of the Board of Directors, except the first, and at the annual meeting of the members of the corporation.

ARTICLE VII.

Section 1. The By-Laws of this corporation may be modified, altered or amended at any annual meeting of the Board of Directors, or at any adjourned session thereof, provided that the party or parties proposing the same shall mail a copy of said proposed amendment to each member of the Board of Directors, at his place of residence, at least one week prior to the meeting at which said proposed amendment is to be offered.

ARTICLE VIII.

Section 1. *Auditing.* The books of the Dispensary shall be annually audited by a certified Public Accountant.

ARTICLE IX.

Section 1. *Rules.* Robert's "Rules of Order" shall be the rules used in the conduct of all meetings.